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ADDRESS**

Application Number	08/984,476
Filing Date	Dec. 3, 1997
First Named Inventor	M. Michael Wolfe
Group Art Unit	1647
Examiner Name	Romero, D.
Attorney Docket Number	61033 (50927)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

 A Power of Attorney or Authorization of Agent is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number

21874

 Please change the correspondence address for the above-identified application to: The address associated with
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Address

City

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Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name

Edward J. Christiansen

Signature

Date

3/16/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.**Certificate of Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service, in an envelope as First Class mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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